Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 379 *MPCSG – active since 1992.* **October 2023**

Medical Advisors

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Medical Oncologist

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Radiation Oncologist

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Medical Oncologist

Thanks!

Next Meeting

Date: Wednesday, October 18, 2023

Speaker: Dr. Shelley Turner, MD CCFP FCFP,
Founder and Chief Medical Officer of **Ekosi Health Centre;**
Proud member of the Pimicikamak First Nation in Cross Lake, Manitoba and of settler heritage.

Topic: "Cannabinoid-Based Medicine and Prostate Cancer: Options and Evidence"
… over 25,000 patient interactions and a growing patient database, Dr. Turner is regarded as a trailblazer in the medical cannabis community …

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent, Winnipeg

Time: 7-9 pm (First hour for general discussion; second hour for expert guest speaker)

Free Admission Everyone Welcome Plenty of free parking Door Prizes

Thought of The Day

You're braver than you believe, stronger than you seem, and smarter than you think.

A.A. Milne

New minimally invasive prostate cancer treatment helps preserve function

A decade ago, radiation oncologist Jeffrey Y.C. Wong, M.D. and urologist Bertram Yuh, M.D., M.I.S.M., M.S.H. C.P.M., enrolled three men with prostate cancer in the first clinical trial to test an innovative method for destroying prostate tumors. After positive initial results, they led the City of Hope arm of a large, multisite Phase 2b trial of the technology, providing important data (published in Lancet Oncology in July 2022) that led to its recent approval by the Food and Drug Administration (FDA). The exciting platform, called Exablate Prostate, is now available to qualifying patients.

Exablate Prostate, developed by the health care technology company Insightec, uses high-intensity sound waves, or ultrasound, to target and destroy cancer cells within the prostate while leaving surrounding healthy tissues unaffected. Guided by magnetic resonance imaging (MRI) to help navigate a small, ultrasound wand through the rectum and around the gland, the acoustic ablation technique does not require any incisions or radiation.

"I was very interested in this new approach using

(Continued on page 2)

SHARING IS CARING

The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

(Continued from page 1)

ultrasound energy, instead of radiation imaging, to get rid of cancers within the prostate," says Wong, who had led City of Hope's Department of Radiology for more than 25 years and is currently co-director of the Center for Theranostic Studies, which aims to develop methods to diagnose and treat tumors at the same time. "What was intriguing, and different from the previous generations of ultrasound devices, is that it uses real-time MRI imaging to target the energy and, at the same time, give temperature feedback."

The way it works is the ultrasound device is set to a particular setting that generates just enough heat to destroy cancer cells. Using MRI imaging, the device is positioned to treat just the areas in the prostate that contain tumor cells. At the same time, precise temperature readings ensure that the surrounding tissue isn't being damaged. Algorithmic software gives real-time feedback and adjusts the focus area of the ultrasound device as areas are successfully treated.

"The Exablate technology is able to mark areas as treated, monitor temperature changes, and adapt or change treatment plans every step of the way as it works to destroy the cancer," says Wong. "One of the biggest benefits of this precision treatment method is that it reduces the chance of erectile dysfunction, a common side effect of more traditional approaches like surgery and radiation."

While the initial trial enrolled men with Gleason 6 scores — meaning their cancers were low-grade — the larger, multiphase study tested the technology in men with a Gleason 7 score, one of the most commonly diagnosed stages and considered intermediate-risk. The Gleason system aims to rate the aggressiveness of a patient's prostate cancer, with 6 and below being the least aggressive and 8 to 10 being high-grade cancers. Because most patients with a Gleason 6 score are now considered candidates for a "watch and wait" approach, the Exablate platform was approved using just the data from Gleason 7 score trial participants. Current guidelines suggest it should be used only in that population.

Encouraging Results

Of the 101 men ages 50 and older treated at the eight sites, 88% had no evidence of cancer in the treated area 24 months following therapy.

"Eventually, there will probably be an increased use in patients who are outside the initial guidelines of the protocol," says Wong. "But at this point, we at City of Hope will stick to the guidelines of treating patients who have a very isolated tumor in just one side of the prostate gland."

Wong says that one of the challenges of expanding use of the technology is figuring out where focal therapy for prostate cancer fits in the spectrum of care.

"At this moment in time, especially in this country, there are traditionalists who advocate for whole gland therapy or gland removal, versus this particular approach," Wong says. "There are physicians and even patients who are not completely convinced that focal therapy is an option for them. The other potential downside is that not every patient is the appropriate candidate for this. You have to have disease just in one portion of the gland, and a certain percentage of patients present with both sides of the gland involved, for example."

Nonetheless, he says that preservation of erectile function is a major benefit of the method. And there were no reports among trial participants of urinary leakage requiring use of a pad, which is often a side effect of prostate surgery. Furthermore, the Exablate approach has shown to be effective in delaying or eliminating the need for whole-gland treatments, such as surgery or radiation.

"I've always been interested in finding ways to advance the field and push the leading edge of cancer care," says Wong. "Exablate fits an exciting paradigm of a new technology that creates novel opportunities for treatment without some of the side effects that can have a major impact on quality of life."

After helping Exablate gain FDA approval, Wong continues to seek new treatment options both in the lab and through clinical trials. One of his current trials is testing the safety and efficacy of a monoclonal antibody in treating patients with colorectal cancer that has spread to other areas of the body, including the prostate. Developed at City of Hope, the monoclonal antibodies attach to cancer cells and deliver a radioactive agent called Ac225 to destroy them. Wong has long studied targeted radiopharmaceuticals and is involved in several additional trials testing different methods of Ac225 delivery in prostate and other cancers.

By Katie Neith Sep. 18, 2023

Source: www.cityofhope.org/new-minimally-invasive-prostate-cancer-treatment-helps-preserve-function

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact Pat Feschuk at 204-654-3898 to schedule a presentation.
It takes about an hour and allows for active engagement between speaker(s) and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn't matter, but the more the merrier. You provide the audience and we'll provide the speaker.

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SAE2023_September Prostate Cancer Awareness Evening

On Monday September 18, 2023, our annual prostate cancer awareness evening was held at the Caboto Centre in Winnipeg. This year we were truly privileged to have as our keynote speaker Dr. Sri Navaratnam (photo at left), President and CEO of CancerCare Manitoba, who shared a vision of where cancer care is going in our province. Some 70 persons attended this gathering and were treated to an inspiring vision for a future filled with hope and optimism flowing from an all-encompassing cancer care system delivering high quality cancer therapy in the context of the totality of the patient's needs. The hub of the cancer care system at the Health Science Centre in Winnipeg will serve as "the big tent" of cancer treatment, with all the components necessary to treat the entire range of cancers encountered by Manitobans. This includes specialist medical staff along with a full array of diagnostic and treatment capabilities, augmented with ancillary staff and services required to meet the needs of the patient from diagnosis to treatment to recovery and rehabilitation. The treatment approach will be patient-centered in the broadest sense, as opposed to the more narrowly focused disease-centered alternative. Operational flexibility will allow efficient delivery of both the unique therapies required for sitespecific disease, say prostate cancer, along with a variety of support services needed to deal with the general issues common to all cancer patients as they travel along their cancer journey. There will also be a strong research component to ensure that the therapies offered here in Manitoba stay abreast with the best scientific advances anywhere. Dr. Navaratnam's presentation was passionate and superbly delivered and was enthusiastically received by the audience. Following her formal presentation there was a lively Q&A session with a broad range of questions and comments. All in all the evening was a tremendous success, with a feeling of "a time well spent" shared by attendees on dispersal.

Prior to the keynote presentation there was a glowing tribute paid to the local Ride-For-Dad organization whose continuing efforts on behalf of the prostate cancer community were recognized and applauded. Four members of their executive were present for a formal photo-op with members of the MPCSG executive (*L to R in photo at left: Al Morris, Don Murray and Ernie Schade, representing MPCSG; Moe Sabourin, Ed Johner, Frank Wurr, and Kirk Van Alstyne from Ride-For-Dad*). Their annual motorcycle "big ride" serves to raise awareness about prostate cancer, and their effective urging to "get checked" undoubtedly saves lives as a result of early detection. The money they raise through sponsorship of individual riders serves to support their ad campaign, as well as some important basic research into prostate cancer, being carried on right here in Winnipeg. In addition they make a generous donation to the financial needs of the MPCSG, thereby helping us to carry on the services we provide to the local prostate cancer community. Theirs truly is a job well done, and we are profoundly thankful for their generosity.

Prostate cancer: A new type of radiation treatment limits risk of side effects

Doctors treat the cancer while watching the prostate in real time.

When it comes to limiting side effects from radiation therapy, the name of the game is precision. Doctors want to treat the cancer while avoiding healthy tissues, and fortunately technological advances are making that increasingly possible.

One newer technique called stereotactic body radiotherapy (SBRT) can focus precisely targeted beams of high-dose radiation on a tumor from almost any direction.

The entire course of therapy requires only five individual treatments over two weeks, making SBRT more convenient than earlier low-dose methods that require more visits to the clinic. The treatment relies on specialized types of medical imaging scans that allow doctors to visualize where cancer exists in the body.

Advances in technology

Recently, doctors have begun to integrate SBRT with imaging scans that can visualize a tumor's movements in real time. Simple acts such as breathing, swallowing, or digesting food can shift a tumor's position. But this new technique — which is called magnetic resonance–guided daily adaptive SBRT, or MRg-A-SBRT for short — continually adjusts for those motions, so that doctors can focus more precisely on their targets.

Now, a new study helps to confirm that MRg-A-SBRT has fewer side effects than a related method called CT-SBRT, which uses computed tomography for imaging.

According to the study's lead author, Dr. Jonathan Leeman, a radiation oncologist at Harvard-affiliated Brigham and Women's Hospital in Boston, MRg-A-SBRT offers several advantages over CT-SBRT: one is that doctors using it can adjust treatment plans to account for a tumor's daily motions (this is called adaptive planning). The technology collects multiple MRI images per second during a radiation procedure, thus ensuring accurate real-time targeting. And finally, MRI visualizes the prostate with better resolution.

Analysis of studies

During the new study, Dr. Leeman and his colleagues searched the medical literature for every published clinical trial so far evaluating SBRT for prostate cancer, either with MRI or CT guidance. (This type of study is called a systematic review.)

The team ultimately identified 29 clinical trials that monitored outcomes for a total of over 2,500 patients. Short-term data on side effects was collected for up to three months on average after the procedures were completed.

Leeman's team used statistical methods to pool results from the studies into combined datasets. They found that the MR-SBRT-treated patients had fewer side effects. Specifically, 5% to 33% of men treated with MR-SBRT had genitourinary side effects, compared to between 9% and 47% of men who had the CT-guided treatments. Similarly, the risk of gastrointestinal side effects in the MR-SBRT-treated men ranged from 0% to 8%, compared to between 2% and 23% among men whose treatments were guided by CT.

Conclusions and comments

The authors concluded that "technical advances in precision radiotherapy delivery afforded by MRg-A-SBRT translate to measurable clinical benefit" (i.e., better tolerated treatments). But precisely why the treatments were better tolerated remains unclear. Is it because MR-scanning has better resolution? Did adaptive planning (and real-time targeting) account for the lower risk of side effects, or can that be attributed to some combination of all these factors? Dr. Leeman says that adaptive planning is "likely the main differentiator," but he adds that further studies are needed to confirm where the benefits come from.

To place this important work in perspective, we reached out to the authors of the new paper, as well as Dr. Anthony Zietman and Dr. Nima Aghdam, two Harvard-affiliated radiation oncologists who are also on the editorial board of the Harvard

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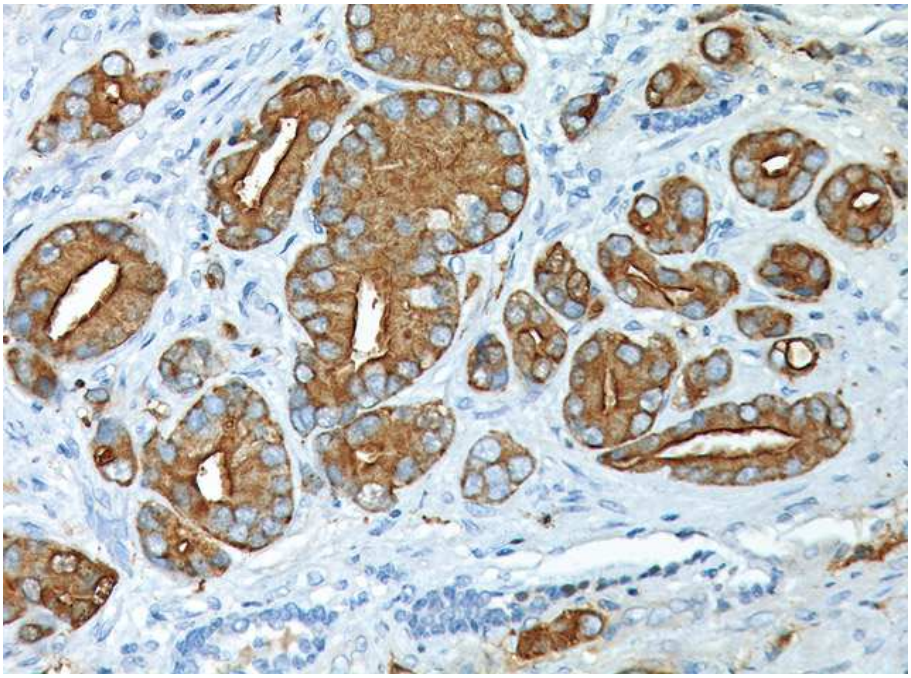
Medical School Annual Report on Prostate Diseases. All these experts feel this new technology has very promising potential.

But both groups cautioned that as with all newly developed innovations, results from additional studies — including clinical trials that are currently ongoing — will be needed before more widespread uptake of the technology is warranted. Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, says he "agrees with this conservative, yet optimistic assessment."



September 6, 2023

By Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases

Reviewed by Marc B. Garnick, MD, Editor in Chief, Harvard Medical School Annual Report on Prostate Diseases; Editorial Advisory Board Member, Harvard Health Publishing

Source: www.health.harvard.edu/blog/prostate-cancer-a-new-type-of-radiation-treatment-limits-risk-of-side-effects-202309062969

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FDA approves new treatment for advanced prostate cancer

The treatment offers new hope for men who test positive for mutations affecting BRCA and other DNA-repair genes.

In June, the FDA approved a new treatment for the most advanced type of prostate cancer. Patients who have this condition, which is called metastatic castration-resistant prostate cancer (mCRPC), have few therapeutic options, so the approval helps to fill an urgent need.

mCRPC sets in when the front-line hormonal therapies that doctors use first for treating metastatic prostate cancer stop working. These drugs limit the body's production of testosterone, a hormone that fuels prostate cancer growth. If they are no longer effective, then doctors switch to a different class of drugs known as anti-androgens that further inhibit testosterone by blocking its cell receptor. One of those drugs is called enzalutamide.

The newly approved treatment combines enzalutamide with a second drug, talazoparib, that was already on the market for female cancer patients who test positive for BRCA mutations. These inherited gene defects boost risks for breast and ovarian cancer, but they can also elevate risks for prostate cancer in men. Indeed, an estimated 10% of men with metastatic prostate cancer are BRCA-positive.

Talazoparib inhibits a DNA-repair system called PARP that the tumor cells need to keep their own genes in working order. When PARP is blocked by treatment, the cancer cells will eventually die. Other PARP inhibitors, including olaparib and rucaparib, are already approved for advanced prostate cancer in BRCA-positive men.

During research leading to this latest approval, 399 men with mCRPC were randomly divided into two groups. One group received talazoparib plus enzalutamide; the other group was treated with enzalutamide plus placebo. The men averaged 70 years in age, and most of them had already been treated with chemotherapy and/or a different anti-androgen called abiraterone. All the men were positive for either BRCA mutations or defects affecting other DNA-repair genes.

What the study showed

Results from the still-unpublished study were presented at the 2023 American Society of Oncology Annual Meeting

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in June. After a median follow-up of roughly 17 months, the enzalutamide/talazoparib combination reduced the risk of death or visible signs of tumor progression by 55%.

Among the specific subgroup of BRCA-positive patients, "there was an 80% reduction in risk progression or death, which is enormous for these men and obviously very welcome," said lead researcher Dr. Karim Fizazi, a professor at the University of Paris-Saclay in France.

Scientists had hoped that combining PARP inhibitors with anti-androgens would similarly benefit prostate cancer patients with no DNA-repair defects, but evidence from a different study by Dr. Fizazi and his colleagues shows they do not.

For that reason, the FDA approved the new combination only for mCRPC patients who test positive for mutations affecting DNA-repair genes. Dr. Fizazi and his colleagues are continuing to monitor the enrolled patients for improvements in other areas, such as overall survival, quality of life, and subsequent need for chemotherapy.

Dr. David Einstein, an assistant professor of medicine at Harvard Medical School and a medical oncologist at Beth Israel Deaconess Medical Center in Boston, says the evidence helps to confirm that PARP inhibitors have a role to play in genetically-selected men with mCRPC. Additional research is needed to assess if the observed benefits are "specific to the combination or just because access to PARP inhibition was provided at some point in the disease course," he says.

"Genetic testing for BRCA, which originally targeted females, is now becoming mainstream for men with a family history of breast and ovarian cancers, as well as men with mCRPC regardless of family history," says Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center. "This is important, as it has implications for other family members and treatment choices alike. Also important to note is that where this study enrolled men who had already been treated with chemotherapy and/or abiraterone, future research will likely move the enzalutamide/talazoparib combination — or components of it — to earlier disease stages."

July 12, 2023

By Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases.

Reviewed by Marc B. Garnick, MD, Editor in Chief, Harvard Medical School Annual Report on Prostate Diseases; Editorial Advisory Board Member, Harvard Health Publishing

Source: www.health.harvard.edu/blog/fda-approves-new-treatment-for-advanced-prostate-cancer-202307122952

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Scientists discover 11 aggressive prostate cancer genes for first time in large global study

- ◊ Findings come from the largest-scale prostate cancer looking at genetics
- ◊ Has major implications for genetic testing to catch and treat cancers early

Scientists have discovered nearly a dozen genes linked to aggressive prostate cancer in the largest study of its kind.

Roughly one in eight American men will be struck by prostate cancer in their lives, making it the most commonly diagnosed men's cancer, second only to skin cancer.

Experts don't know exactly what causes it, but men who carry certain mutations on at least one of these 11 genes have a two-fold grater risk of life-threatening prostate cancer, their study found.

The discovery, spearheaded by scientists at the University of Southern California, could pave the way for more innovative cancer screening tools and targeted gene therapies.

Nearly 100 percent of men whose cancer is detected early before spreading to other parts of the body will survive. But once the cancer has metastasized, survival drops to 32 percent.

The international team of researchers led by Dr Burcu Darst, an epidemiologist at USC, analyzed the genes of more than 17,500 men with prostate cancer from Australia, the US, the UK, Finland, Sweden, and other European countries.

They did this by analyzing blood

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samples collected between January 2021 to March 2023. The team focused on a subset of about 1,700 genes that have been associated with cancer. Within that group of over 17,000, 9,185 men had a life-threatening case of aggressive prostate cancer.
Two mutated genes in particular showed strong associations with severe cases: BRCA2, one of the most well-known genes linked to breast cancer risk, and ATM, which plays a crucial role in repairing damaged DNA.

Harmful BRCA2 gene variations were found in slightly over two percent of aggressive cancer cases, while it only appeared in 0.7 percent of non-aggressive cases, roughly tripling the risk of getting a life-threatening form of cancer.

ATM mutation flaws likewise were discovered in 1.6 percent of aggressive cases and 0.7 percent in nonaggressive cases, more than doubling the risk.

And a harmful variation on the NBN gene was more prevalent in metastatic cases in which the cancer has spread to other parts of the body compared to milder cases.

Prostate cancer screening could save thousands, study suggests

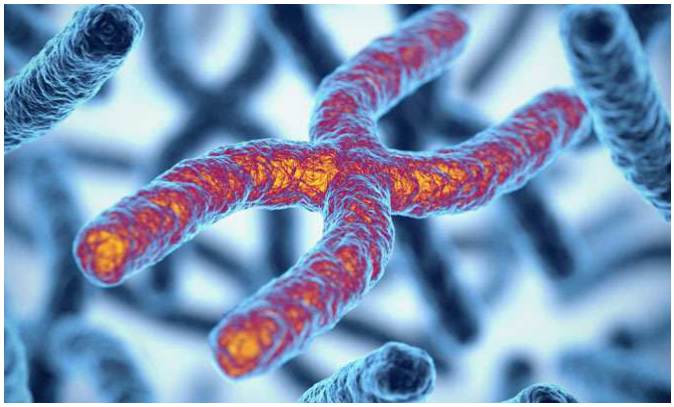
Screening men using a prostate specific antigen (PSA) blood test was found to slash cases of advanced diagnosis by 11 per cent, a US study found.

The researchers singled out eight other genes whose mutations, while associated with more aggressive prostate cancer, had a slightly weaker association: MSH2, XRCC2, MRE11A, TP53, RAD51D, BARD1, GEN1, and SLX4 i.

Study participants did not have to have all of the gene mutations identified by researchers.

Men carrying rare harmful gene mutations in any of the 11 genes had a two-fold increased risk of progressing to lethal disease.

There are some genes, the researchers found, that are included in comprehensive genetic testing as increasing the risk of cancer but should not be.



Dr Christopher Haiman, a cancer researcher at USC said: 'Some of the genes in these panels were based on small studies and were not associated with prostate cancer in our study.

'We also found evidence that other genes perhaps ought to be added. The results aren't completely definitive, but it's clear that more work needs to be done to determine which genes oncologists should focus on in testing.'

Genetic testing is a valuable tool in oncology as it provides doctors with crucial time to intervene if a problematic mutation is detected.

With greater understanding of what our genes can tell us about future encounters with diseases has come an emerging field of study into targeted medicines that repair gene abnormalities that drive cancer.

Doctors can now insert tumor-suppressing genes into a person's cells, or directly into cancer cells which then self-destruct.

Dr Haiman said: 'While screening is focused on men with advanced disease or a family history, finding patients with less advanced disease who carry these genetic variants may enable them to receive targeted forms of treatment earlier on.'

Their findings were published in the journal JAMA Oncology.

More than 288,000 men are expected to get prostate cancer this year, a rate which has gained speed in recent years.

In 2020, just over 201,000 new cases were reported, up from about 192,000 in 2016.

In the US, whether to be screened for prostate cancer is up to the patient and his doctor. There is no mandate for screening, though general guidelines recommend men undergo prostate-specific blood testing every two to three years.

The condition has struck several high-profile figures including actor Robert De Niro who was diagnosed in 2003 at age 60, while investing giant Warren Buffett was diagnosed in 2012.

Many celebrities who have contended with the disease have used their platforms to raise awareness and push for more innovative treatments.

By CASSIDY MORRISON SENIOR HEALTH REPORTER FOR DAILYMAIL.COM

21 September 2023

Source: www.dailymail.co.uk/health/article-12545967/Scientists-discover-11-aggressive-prostate-cancer-genes-time-large-global-study.html

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Notice from board of directors regarding newsletter publishing

For the 2023 year our newsletter will be published monthly in electronic format. Hardcopy versions will be distributed via Canada Post only on a Modified quarterly basis during the months of January, April, July and September. This is to reach as many of our members as possible while reducing our operating costs.

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Help us lower our costs :

Receive this newsletter by email ~ Please notify us and we'll make the changes. ***Thank-you***

FUTURE MEETINGS 2023

15 Nov **Xmas potluck No speaker Just music**

20 Dec No meeting in December.

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